

## Message from AMWA

# AMWA Position Statement on Abortion and Reproductive Rights

Gayatri Devi, M.D.,<sup>1,2</sup> Michele Glodowski, B.S.,<sup>2</sup> and Elizabeth Shin, B.A.<sup>2</sup>

**T**HE AMERICAN MEDICAL WOMEN'S ASSOCIATION (AMWA) promotes the health and wellness of women and girls in every aspect of their lives and believes that the decision whether or not to carry a child to term is a personal decision belonging solely to the woman. Thus, AMWA supports the appropriate use of legal, safe abortions and considers such procedures to be a part of comprehensive healthcare for women.

The abortion rate is dependent on the availability of abortions and declined by 9% between 2000 and 2005 because of reasons such as distance, gestational limits, and cost.<sup>1</sup> Women's access to abortions is also limited by the stigma attached to abortions and by the violence and harassment that may be present on entering and leaving many abortion clinics. AMWA believes that moving abortion back into mainstream medical practice will reduce barricades to the availability of this important option for women's health.

Violence against physicians performing abortions peaked in the 1990s with the shooting deaths of several physicians and staff at abortion clinics nationwide. Since then, several states have enacted legislation to deter further antiabortion crimes.<sup>2</sup> Despite these attempts, antiabortionists continue to harass abortion clinic staff and patients. According to a Feminist Majority Foundation's 2000 National Clinic Violence Survey Report, abortion providers responded that 7% of the clinics that responded were targets of major violence and 9% of minor violence, 7% were the victims of major vandalism and 27% of minor vandalism, and 44% were targets of harassment.<sup>3</sup> A disheartening consequence of the antiabortion-related crimes is that there are a limited number of physicians who will perform the abortion procedures, which may cause women to resort to desperate and dangerous methods to attempt to terminate their pregnancies.

One way in which AMWA intends to position abortion in mainstream medicine is by promoting the training of medical students and physicians in abortion procedures. AMWA also aims to increase the number of abortion providers by supporting initiatives that will allow nurse practitioners and

physician assistants to perform abortion procedures. In addition to an increase in well-trained and willing abortion practitioners, more options in early abortion will also make it easier for women to obtain abortions. AMWA aims to expand a woman's early abortion options by supporting research into new, safe, and more effective methods of abortion. One example of the benefit of this type of research is the use of mifepristone, a safe and effective method of chemically inducing abortion.<sup>4</sup> By avoiding large abortion clinics, patients and practitioners will be less vulnerable to harassment and violence.

AMWA opposes all bills that ban specific abortion procedures, mandate waiting periods, or require parental consent for minors' abortions. These limitations interfere with a woman's decision and ability to obtain an abortion. Resorting to illegal means of obtaining abortions with substandard equipment and untrained practitioners may lead to morbidity and even death. AMWA also strongly endorses programs that promote contraceptive use and believes that contraceptives and family planning information should be available to anyone requesting them, which will prevent unwanted pregnancies at the outset.

AMWA believes that the ability to control fertility is an essential and basic need of girls and women and a crucial component of their health and wellness. Access to abortion and to the proper education and means to control fertility should be a birthright of every girl and woman.

### Disclosure Statement

The authors have no conflicts of interest to report.

### References

1. Jones RK, Zolna MR, Henshaw SK, Finer LB. Abortion in the United States: Incidence and access to services, 2005. *Perspect Sex Reprod Health* 2008;40:6-16.
2. Roberts J. Violence against abortion increases in U.S. clinics. *BMJ* 1994;309:429.

<sup>1</sup>New York University School of Medicine, Departments of Neurology and Psychiatry, New York, New York.

<sup>2</sup>The New York Memory and Healthy Aging Services, New York, New York.

3. Pridemore WA, Freilich JD. The impact of state laws protecting abortion clinics and reproductive rights on crimes against abortion providers: Deterrence, backlash, or neither? *Law Hum Behav* 2007;31:611-627.
4. Henderson JT, Hwang AC, Harper CC, Stewart FH. Safety of mifepristone abortions in clinical use. *Contraception* 2005;72:175-178.

Address reprint requests to:

*Gayatri Devi, M.D.*

*The New York Memory and Healthy Aging Services*

*65 East 76th Street*

*New York, NY 10021*

*E-mail: [gd@nymemory.org](mailto:gd@nymemory.org)*